Michigan Nurses Association

2310 Jolly Oak Road • Okemos, MI 48864 • Phone (517) 349-5640 • (888) MI-NURSE • Fax (517) 349-5818 • www.minurses.org

MEMORANDUM

TO: Members, House Health Policy Committee

FROM: Tom Bissonnette MS, RN, Executive Director

DATE: February 7, 2006

SUBJECT: House Bill 5493
MNA Position: Monitoring, to be re-evaluated February 8, 2006.
Staff Recommendation: Oppose.

The major concerns expressed by nurses in Michigan about the Nurse Interstate Licensure Compact are described below:

1. **Consumer protection is not improved with this model.** If a license is not tied to the presence of the nurse, that is if licensure is tied to the physical location of the nurse, why have a state-based license? Standards of practice and regulation have arisen out of individual states. Generally those standards that improve consumer protection and advance the ability of nurses to provide care to the public start in one state but are adopted by other states as their value is understood and adoption becomes politically possible. Standards are tested state by state and nurses who are residents and licensees of a state, working with their regulatory agency, can exert the necessary pressure on their state legislators to change standards. If implementation of an interstate model is adopted, how will consumers and nurses be able to influence standards?

2. **Interstate practice must not be implemented in a way that allows persons to circumvent existing public policy as expressed by state's laws or policies, including laws on the use of strikebreakers and striker replacement or initial and continuing licensure requirements.** Provisions in the compact require party states to unconditionally accept the licensure standards of other states which could lead to a "lowest common denominator" of state licensure standards. This causes the following concerns: a) Michigan as an example would lose the ability to set licensure standards for nurses licensed in other states but practicing in Michigan. b) In addition, the inconsistency of standards also applies to those states that have differing continuing education standards from Michigan. Consequently, Michigan's continuing education requirement could not

be enforced for nurses licensed in other states while nurses licensed in Michigan would have to meet the requirements. c) Nurses working side by side with the same license would then have different requirements for practice. d) Also, if another state reduces its standards governing foreign educated nurses, this would result in Michigan decreasing its standards as well. e) Further, the ability of nurses to move between states without the time and paperwork to license them can have harmful effects on the negotiation of labor contracts as hospitals more readily utilize strikebreakers. *It is important to note that under current state requirements, a nurse can apply and be licensed in Michigan within three to six weeks by submitting an application affirming and verifying licensure in another state, answering a series of questions to determine fitness including criminal record and any substance abuse record, and by submitting the $48 fee.*

3. **Michigan also needs to consider the impact of disparities inherent in drug diversion treatment created by an interstate compact**. A nurse may have a record in one state for a drug offense while in another state, a nurse would not have a record even when conduct was identical due to differences in drug diversion programs and the way that licensees are treated that plead nolo contende.

4. **Under the bill there are no mechanisms that ensure that the Board of Nursing knows who is practicing in Michigan under authority of a license granted by another state.** Since the bill would not require a nurse from another state to register with the Board of Nursing in Michigan, the board will not know if a nurse is practicing in that state. It will be difficult for consumers to identify or file complaints about a nurse's practice with the appropriate board of nursing. This bill does not include mechanisms to ensure that the Board of Nursing knows who is practicing in its state under authority of a license granted by another state.

5. **The right of individual nurses to a fair hearing on any disciplinary matter must be protected and no unfair or undue burden, financial or otherwise should be placed on the nurse exercising her or his right to a fair hearing.** Due process also arises when a nurse has to represent him/herself in multiple jurisdictions at one time with conflicting evidence standards for jurisdictions. An RN facing discipline may have to appear far from her home state for a hearing and satisfy different standards for defense: clear and convincing evidence in one state and a preponderance of evidence in another. It is not clear how much weight will be afforded another state to adverse action by Michigan and by Michigan to an adverse action by another state. What kinds of incidents would lead Michigan to limit or revoke the multistate licensure privilege of any nurse to practice in Michigan? Also, what are the financial implications for Michigan that comes with the responsibility of monitoring the multistate discipline?

6. **Less Revenue will come from nurse licensure fees.** It is estimated that 12% of nurses hold multiple licenses. Arguably, Michigan could suffer an average of 12% reduction in revenue. Also, will nurses renew licenses in states based upon the cost of a license within a state? Could they get licensed in the state with the lowest standards and practice in Michigan? Under the bill as proposed, the answer is clearly, yes.

7. **Approaches to interstate advanced practice nursing should be addressed for consistency in connection with interstate practice for other RNs.** Excluding advanced practice registered nurses (APRNs) (nurse practitioners, nurse midwifes, nurse anesthetists, and clinical nurse specialists) from the Nurse Interstate Licensure Compact and establishing a separate APRN compact pose important challenges for the continued development of both RN and APRN practice. Nursing organizations have generally approached nursing as a continuum of practice and rejected proposals to establish a separate or "second" licensure for APRN practice. Establishing a separate compact for APRNs would establish the need to have a separate distinct APRN license and a separate APRN scope of practice which goes against this approach.

Other questions generated from these concerns include:

What will be done to ensure that nurses from another state have access to practice related information including current board of nursing policies?

What will prevent Michigan nurses, currently working in Michigan, from leaving Michigan to work in another compact state? This would worsen Michigan nursing shortage, not improve it.

What are the reasons for supporting HB 5493 when it contains language which prevents the State of Michigan from customizing the Compact language to fits the needs of Michigan's health care consumers and nurses?